

First Water Quality Test For <i>WISCONSIN UNIQUE WELL NUMBER</i>			
Property Owner		Telephone Number ()	
Mailing Address			
City		State	Zip Code
County of Well Location	Co. Well permit No. W _____	Well Completion Date (mm-dd-yyyy) ____ - ____ - ____	
Well Constructor (Business Name)		License #	
Address			
City		State	Zip Code

Mail Results To

←

Use this form only for first sample of new, replaced or reconstructed wells.

STOP: DETACH SLIP AT TOP BEFORE COMPLETING UNSHADED AREAS

Date of Collection ____/____/____ M M D D Y Y Y Y		Time ____:____ H H M M <input type="checkbox"/> AM <input type="checkbox"/> PM		Test Request Please indicate additional tests desired. (Bacteriological test is required.) See reverse. <input type="checkbox"/> Fluoride <input type="checkbox"/> Nitrate	
Collected By: _____		Laboratory Use Only Approved Method: <input type="checkbox"/> MMO-MUG (Colilert®, Colisure®, etc.) <input type="checkbox"/> Membrane Filter <input type="checkbox"/> Multiple Tube Fermentation <input type="checkbox"/> Presence/Absence <input type="checkbox"/> Other: _____			
Sample Location <input type="checkbox"/> Test Pump <input type="checkbox"/> Air Lift <input type="checkbox"/> Bailer <input type="checkbox"/> Sampling Faucet <input type="checkbox"/> Other _____					
Pump Installer _____ (If Known)		Laboratory Results Bacteriological Interpretation: <input type="checkbox"/> Safe (Coliform Absent) <input type="checkbox"/> Unsafe (Coliform Present) and: <input type="checkbox"/> Fecal/E Coli Present <input type="checkbox"/> Fecal/E Coli Absent <input type="checkbox"/> Invalid (Submit another sample) <input type="checkbox"/> Old - OL <input type="checkbox"/> Frozen - FR <input type="checkbox"/> Overgrown - OG <input type="checkbox"/> Lab Accident - LA <input type="checkbox"/> Turbidity- TU <input type="checkbox"/> Shipping Problem - SP <input type="checkbox"/> Chlorine Present - CL Nitrate: _____ mg/L as N Fluoride: _____ mg/L			
Other Tests or Comments: _____					
Lab Name _____ Lab Cert.# _____		Date / Time Received _____			
		Lab Sample No. _____			
		Date Reported _____			
WATER QUALITY TEST Department of Natural Resources		Form 3300-77 (R 9/05)			
		Date Received by DNR _____			

EXPLANATION OF THE TEST

New wells must be tested for bacteriological safety. You may also request a nitrate or fluoride test. Contact laboratories in your area.

BACTERIOLOGY: The presence of coliform bacteria in well water shows that unfiltered, or poorly filtered surface water may have found its way into the well. This indicates that the water is potentially dangerous. You should test for bacteria **annually** or any time the well water changes in taste, odor, color, or appearance.

NITRATE TEST: High levels of nitrate in water present a potential health problem for infants less than six months of age. Nitrate is changed to nitrite in the stomachs of small infants. The nitrite then interferes with the blood's ability to carry oxygen, and symptoms of suffocation or "blue baby syndrome" can occur. This problem generally does not affect older infants or adults eating solid food. This test is recommended for all wells serving children less than six months of age. For more information, contact the DNR for a Nitrate Brochure.

FLUORIDE TEST: Knowledge of the level of naturally occurring fluoride will be useful to your dentist in prescribing a fluoride treatment program for children. This test is recommended only if your dentist has requested it.

ATRAZINE TEST: Atrazine is the most commonly used pesticide in Wisconsin. If present in amounts above the advisory level in drinking water, atrazine may pose a cancer risk. Testing for atrazine is especially recommended for wells located in non-clay soils in corn producing areas. The Wisconsin State Laboratory of Hygiene can test your drinking water supply for the presence of this pesticide. You can request an Atrazine Test Kit by calling 800-442-4618. There may be other labs that sample for atrazine in your area.

Sample Bottle. The bottle has been sterilized. Do not open until ready to collect sample. Take care not to touch lip of bottle or inside of cap. Improper or careless collection of the sample may cause it to be contaminated, thus giving an "unsafe" test. The instructions for sampling should be carefully followed.

Sampling. The well constructor or their agent shall collect a water sample following completion, disinfection, and flushing of the well. If the well constructor is also the pump installer, the water sample may be collected following completion, disinfection, and flushing of the pump installation. Fill in all requested information including date and time of collection. You should collect samples just prior to the time mail is picked up from the post office you intend to use. Bacteria are perishable, and holding time is very important. Old samples will not be analyzed. If sample is taken from a sink tap, do not use a swing faucet.

1. Remove aerator or screen if present.
2. Sterilize the tap or faucet by heating it dry by holding a flame beneath the opening. Do not flame a plastic faucet. It will melt. Eliminate this step if you use a plastic faucet as a sampling point.
3. Run the water for a few minutes. Do not change the flow rate or wash or wipe the tap before collecting the sample.
4. Remove the cap taking care not to touch lip of bottle or inside of cap.
5. **Fill bottle to within one-half inch of the top.** Do not overfill or run over the top.
6. Replace cap securely, again taking care not to touch inside of cap or lip of bottle.
7. Send the water sample and test slip to a laboratory certified for bacteria testing of water.

Well Construction Report

WISCONSIN UNIQUE WELL NUMBER

Property Owner

Telephone Number ()

Mailing Address

City State Zip Code

County of Well Location

Co. Well permit No. W

Well Completion Date (mm-dd-yyyy)

Well Constructor (Business Name)

License #

Facility ID Number (Public Wells)

Address

Well Plan Approval #

City State Zip Code

Date of Approval (mm/dd/yyyy)

Hicap Permanent Well #

Common Well #

Specific Capacity gpm/ft

3. Well serves # of

(For example: home, barn, restaurant, church, school, industry, etc.)

High Capacity: Well? ☐ Yes ☐ No Property? ☐ Yes ☐ No

4. Is the well located upslope or sideslope and not downslope from any contamination sources, including those on neighboring properties?

Well located within 1,200 feet of a quarry? ☐ Yes ☐ No If yes, distance in feet from quarry:

Well located in floodplain? ☐ Yes ☐ No

Distance in feet from well to nearest: (include proposed)

1. Landfill

2. Building Overhang

3. Septic ☐ Holding Tank ☐

4. Sewage Absorption Unit

5. Nonconforming Pit

6. Buried Home Heating Oil Tank

7. Buried Petroleum Tank

8. Shoreline ☐ Swimming Pool ☐

9. Downspout/Yard Hydrant

10. Privy

11. Foundation Drain to Clearwater

12. Foundation Drain to Sewer

13. Building Drain

☐ Cast Iron or Plastic ☐ Other

14. Building Sewer ☐ Gravity ☐ Pressure

☐ Cast Iron or Plastic ☐ Other

15. Collector Sewer:

☐ sanitary units in. diam.

☐ storm ☐ ≤ 6" ☐ > 6"

16. Clearwater Sump

17. Wastewater Sump

18. Paved Animal Barn Pen

19. Animal Yard or Shelter

20. Silo

21. Barn Gutter

22. Manure Pipe ☐ Gravity ☐ Pressure

☐ Cast Iron or Plastic ☐ Other

23. Other Manure Storage

24. Ditch

25. Other NR 812 Waste Source

State of WI - Private Water Systems-DG/2

Department of Natural Resources, Box 7921

Madison, WI 53707

Form 3300-77A

(R 9/05)

1. Well Location

☐ Town ☐ City ☐ Village

Fire # (If avail.)

of

Street Address or Road Name and Number

Subdivision Name

Lot #

Block #

Gov't Lot # or 1/4 of 1/4 of

Section , T N; R ☐ E ☐ W

Latitude Deg. Min.

Longitude Deg. Min.

2. Well Type

☐ New ☐ Replacement ☐ Reconstruction

Lat/Long Method

(see item 12 below)

of previous unique well # constructed in

Reason for replaced or reconstructed well?

☐ Drilled ☐ Driven Point ☐ Jetted ☐ Other

5. Drillhole Dimensions and Construction Method

From To Upper

Dia.(in.) (ft.) (ft.) Enlarged Drillhole

Lower Open Bedrock

☐ ---1. Rotary - Mud Circulation----- ☐

☐ ---2. Rotary - Air----- ☐

☐ ---3. Rotary - Air and Foam----- ☐

☐ ---4. Drill-Through Casing Hammer

☐ ---5. Reverse Rotary

☐ ---6. Cable-tool Bit in. dia.----- ☐

☐ ---7. Temp. Outer Casing in. dia.

Removed? depth ft.

☐ Yes ☐ No - If no, explain on back side.

6. Casing, Liner, Screen

Material, Weight, Specification

From To

Dia. (in.) Manufacturer & Method of Assembly (ft.) (ft.)

surface

Dia. (in.)

Screen type, material & slot size

From To

7. Grout or Other Sealing Material

Method

From To

Kind of Sealing Material (ft.) (ft.)

surface

(Gravel pack if applicable)

8. Geology

Geology Codes

Type, Caving/Noncaving, Color, Hardness, etc.

From (ft.) To (ft.)

surface

9. Static Water Level

ft. above ground surface

ft. below ground surface

10. Pump Test

Pumping level ft. below surface

Pumping at GPM/GPH for Hrs.

11. Well Is:

☐ Above Grade

☐ Below

in.

Developed? ☐ Yes ☐ No

Disinfected? ☐ Yes ☐ No

Capped? ☐ Yes ☐ No

12. Did you permanently abandon and fill all unused, noncomplying or unsafe wells on this property?

☐ Yes ☐ No If no, explain on reverse.

13. Signature of Well Constructor or Supervisory Driller

Date Signed

Print Name of Drill Rig Operator (Mandatory unless same as above)

Date

Make additional comments on reverse side about geology, additional screens, water quality, etc.

Comments on reverse side (CHECK ✓, IF YES) Variance Issued ☐ Yes ☐ No

Notification #

Dear Well Owner:

Congratulations on your new well! This is **your** copy of the well construction report and is an important record for your safekeeping.

The report has a pre-printed WISCONSIN UNIQUE WELL NUMBER. This is the lifetime identification number for your well. The water quality, geologic and well construction information on your well will be compiled for future use in analyzing any water quality changes in your well.

A bacteriological sample of your well water should have been taken at the time of construction and you should have received a copy of the result. If not, contact your well constructor.

Your well should be able to produce good quality drinking water for decades to come. You can help protect the quality of your drinking water with the following measures:

- * Regularly check to make sure the well cap or seal and electrical connections are in place and tightly secured;
- * Be sure surface water drainage is away from the well; and
- * Avoid the use or storage of gasoline and lawn or agricultural chemicals near the well.

For further information, request a copy of the brochure, "You and Your Well."

Public health officers strongly advise sampling your water for bacteriological safety annually or after modifying the well in any way. The well water should also be tested when any change in taste, odor, color or appearance is noticed.

BACTERIOLOGY

The presence of coliform bacteria in well water shows that unfiltered, or poorly filtered surface water may have found its way into the well. This indicates that the water is potentially dangerous. You should test for bacteria annually or any time the well water changes in taste, odor, color, or appearance.

NITRATE

High levels of nitrate in water present a potential health problem for infants less than six months of age. Nitrate is converted to nitrite in the stomach of small infants. The nitrite then interferes with the blood's ability to carry oxygen. If the concentration of nitrate in water is sufficiently high, symptoms of suffocation or "blue baby syndrome" can occur. This effect is not seen in persons over six months of age. This test is recommended for all wells used for drinking water by children less than six months of age.

FLUORIDE

Knowledge of the level of naturally occurring fluoride will be useful to your dentist in prescribing a fluoride treatment program for children. This test is recommended only if your dentist has requested it.

ATRAZINE

Atrazine is the most commonly used pesticide in Wisconsin. If present in amounts above the advisory level in drinking water, atrazine may pose a cancer risk. Testing for atrazine is especially recommended for wells located in non-clay soils in corn producing areas. The Wisconsin State Laboratory of Hygiene can test your drinking water supply for the presence of this pesticide. You can request an Atrazine Test Kit by calling 800-442-4618.

Water samples can be tested at private laboratories, local public health department labs, or the State Laboratory of Hygiene. Contact any of these laboratories for a sample bottle, instructions and the charge per test.

REMEMBER: Be sure to include your well's WISCONSIN UNIQUE WELL NUMBER on all future water quality tests.

If you have questions or problems contact your well constructor, pump installer, local health department or the Department of Natural Resources.

INSTRUCTIONS FOR COMPLETING THIS COMBINED FORM

NOTICE: Section NR 812.22, Wis. Adm. Code, requires that all new or reconstructed wells be tested for bacteriological safety and a well construction report be completed by the well constructor. Copies of the test results and the well construction report shall be submitted to the Department and a copy provided to the well owner within 30 days after water testing and well construction.

This form must be completed for every well constructed (drilled or driven point). Type or print very hard and legibly on a firm surface. Also, please use decimals instead of fractions. The following instructions are to help you complete the form.

Completion of this form is mandatory. This form is authorized by ss. 280.1 I (1) and 281.19(1), Wis. Stats., and chs. NR 812 and NR 146, Wis. Adm. Code. Penalties for failure of the well constructor to submit a completed form to the Department is punishable by a forfeiture of not less than \$10 or more than \$5,000.00; or by fines of not less than \$10 or more than \$100 or imprisonment not less than 30 days or both; or license suspension or revocation. Each day of continued violation is a separate offense (ss. 280.97 and 299.97, Wis. Stats.) Personally identifiable information on this form will be used for sending job-related materials, well labels and directing the water supply program. The Department plans to make the information on this form available electronically on the Internet.

WATER QUALITY TEST

Keep the water quality test slip attached until you have filled out the requested information above the "STOP" line. Then remove the slip and complete the unshaded areas. In counties where a well permit is required, be sure to enter the County Well Permit number. The test explanations and sampling directions are on the back of the water quality test slip. **DO NOT use this slip for follow-up water quality testing. Request an individual test slip and bottle from any certified water bacti lab that will report the test results to the department.**

WELL CONSTRUCTION REPORT

Property Owner: Enter the last name, a comma, followed by the first name. If there is no person and it is a business or facility, enter the full business or facility name.

ITEM 1. Well Location: **Include street addresses and, if the property is in a subdivision, the lot and block numbers.** The location information can be obtained from a plat book, GPS unit, topographic quadrangle sheet, or local government official. Enter at least one of the two following types of location coordinates: Public Land Survey coordinate (Township, Range, Range Direction, Section, Quarter Section, and Quarter Quarter Section) **OR** a Latitude and Longitude (Degrees and Minutes) coordinate. If Latitude and Longitude are entered, the Lat/Long Method must be entered (see description of Lat/Long Method field on the backside).

ITEM 2. Well Type, Reason for Construction: Replacement means replacement of an existing well; Reconstructed means modification of an existing well by deepening, lining, underreaming, hydrofracturing, blasting or screen replacement. Some reasons for well construction include new home, gasoline or bacteriological contamination in old well, old well went dry, sand pumping well and plugged screen.

ITEM 3. Enter the number and what the well serves. A high capacity well is one in which the pumping capacity of the well is equal to or greater than 70 gallons per minute. A high capacity property is one in which the total pumping capacity of all wells on the property is equal to or greater than 70 gallons per minute.

ITEM 4. Mark if the well is located upslope or sideslope and not downslope from any contamination sources, including those on neighboring properties. Explain on the reverse if the well is downslope. Indicate if the well is in a floodplain. Also, indicate the distances in feet, between the well and nearest contamination sources on the property and any adjacent neighboring properties. See Table A in the Private Well Code (NR 812) for a list of contamination sources and the minimum location distances. Check DNR landfill list for information on landfills in the area near the well.

ITEM 5. If construction method was used other than those listed, explain method on back of form.

ITEM 6. Enter the diameter of the casing, liner and/or screen. Describe the material, weight specifications, list the manufacturer, method of assembly and enter the depth information. Describe the screen type, material, slot size and depth information, if a screen is installed.

ITEM 9. Static Water Level: Report the depth to water below ground surface, as measured in feet. For flowing wells, static water level is measured in feet of head above ground surface.

ITEM 11. Indicate height of casing above the ground. Indicate if the well was developed (pumped, bailed or surged) to remove sand and other particles, and disinfected with a mixture of chlorine and water. The well must also be covered with an approved vermin proof cap sealed at the top to prevent entry of contaminants.

ITEM 12. All unused, noncomplying or unsafe wells must be properly filled to protect drinking water and groundwater quality. Cement grout, concrete, or bentonite chips are allowed as fill material although chipped bentonite is allowed for wells of certain depths and diameters. For more information on well abandonment, see publication DG-016 2004, "Answers to Your Questions on Well Abandonment." Please indicate the status of the old well and whether or not it was properly abandoned and filled.

ITEM 13. Signature of well driller and the date in the well constructor box. Drill Rig operator must print name and enter date.

FOR DRIVEN POINT WELLS: Complete items 1, 2, 3, 4, 5, 6, 9, 11, 12 and 13 on the form. For more information refer to the brochure entitled "You and Your Well" or contact your DNR region office.

Send the copies of the well construction reports to the party indicated on the bottom of each copy.

Selected Data Field Descriptions Listed by Form Section.

Item 1:

Lat/Long Method: This field lists data collection method codes for latitude and longitude coordinates. This field must be entered if a latitude/longitude coordinate is entered.

GPS006 - Mapping or recreational grade GPS receiver with no differential correction and selective availability off
 GPS007 - Mapping or recreational grade GPS receiver with no differential correction and selective availability on
 GPS008 - GPS receiver grade and/or differential correction procedures unknown
 LOR001 - Loran C radio receiver
 MLT001 - Multiple locational data collection methods used for one feature
 OTH001 - Other locational data collection method
 PAR001 - Interpreted from parcel description
 SCR001 - Digitized on screen: feature published/visible on digital orthophoto
 SCR002 - Digitized on screen: feature interpreted from digital orthophoto
 SCR003 - Digitized on screen: feature published/visible on USGS 7.5-minute digital raster graphic
 SCR004 - Digitized on screen: feature interpreted from USGS 7.5-minute digital raster graphic
 UNK001 - Unknown/guess
 VRT001 - Topographic map interpolation: feature altitude or depth published/visible on source map
 VRT002 - Topographic map interpolation: feature altitude or depth interpolated from source map

Item 8:

Geology Codes: These 1 character codes represent color, texture, primary and secondary lithology for the borehole's geologic section. **A selection must be made for Primary Lithology.** Two examples are: a red "rotten" granite with no secondary lithology would be RDQ-; a tan sandy glacial outwash would be T-OS (- used to represent a blank column).

Color	Texture	Primary Lithology	Secondary Lithology
T = Tan/Brown	F = Fractured	S = Sand	S = Sandy
K = Black	B = Broken	M = Silt	M = Silty
U = Blue	C = Cavernous	C = Clay	C = Clayey
G = Gray	D = Decomposed/Weathered	G = Gravel/Cobbles/	G = w/Gravel/Cobbles/
O = Orange	H = Hard/Firm	Boulders/Stones	Boulders/Stones
R = Red	S = Soft/Loose	P = Hardpan	P = w/Hardpan
P = Pink	N = Fine	L = Limestone/Dolomite	L = Limey or Dolomitic
Y = Yellow	M = Medium	H = Shale	H = Shaley
E = Green	A = Coarse	N = Sandstone	N = w/Sandstone
I = White	L = Fossiliferous	J = Crystalline	J = w/Crystalline
	X = Lensed/Streaked/Layered	Q = Granite	Q = w/Granite
	Q = Caving	B = Basalt or Trap Rock	B = Basalt or Trap Rock
	V = Non-Caving	A = Conglomerate	A = w/Conglomerate
	W = Water Bearing	T = Till	D = w/Glacial Material
	J = Iron	F = Fill	T = w/Till
	E = Clean	V = Alluvium	F = w/Fill
		U = Mud or Muck	V = Alluvial
		I = Soil-Organic	U = Muddy or Mucky
		O = Outwash	I = w/Soil-Organic
		X = Sand & Clay	O = w/Outwash
		Y = Sand & Gravel	R = w/Chert
		Z = Clay & Gravel	K = w/Broken Rock
		E = Peat	W = w/wood

REMOVE INSTRUCTIONS BEFORE COMPLETING FORM.